

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc	32	6/17/06
O.I.P.E. CLASSIFIER	LAV		
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	8/18

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	4/02
1	5/03
2	6/03
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Claim	Date
Final	
Original	5/05
51	5/05
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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